

# NUTRITION AND WELLNESS

## Commitment / Registration Form

June 22-25, 2010

Manila High School FACS Dept.

Manila, AR

**Registration Fee \$375**

**Deadline for Registration May 28, 2010. No Refunds after this date.**

**Maximum number of participants is 30.**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip

Home Telephone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

### **Teacher:**

I understand that by participating in this inservice activity I agree to incorporate this course into my Family and Consumer Sciences program of study beginning in the 2010-11 school year. I understand that I must teach this course for a total of 5 years.

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Superintendent:**

I agree to support this course as a new offering in the Family and Consumer Sciences Department for the 2010-11 school year. The school district will purchase the required equipment and supplies and will maintain the course for a minimum of 5 school years.

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Deadline for Registration May 28, 2010 (Postmarked)**

To complete the registration, you must mail this form along with a check or purchase order for \$375 to the FACS State Office. Registration does not cover lodging. If you have any questions please call 501-682-1115

Method of Payment: ☐ Enclosed School Check # \_\_\_\_\_ ☐ Enclosed Personal Check # \_\_\_\_\_  
☐ Purchase Order # \_\_\_\_\_ Name of Organization \_\_\_\_\_

Make Checks or Purchase Orders **PAYABLE TO:**  
**MAILED TO:**

**AATFACS / FACS Inservice**  
Suellen Ward, FACS Program Manager  
#3 Capitol Mall Room 600  
Luther S. Hardin Building  
Little Rock, AR 72201

Registration forms with PO# may be **FAXED TO:** 501-682-9440